

ATTESTATION OF TAX COMPLIANCE

I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

*Signature of Individual or
Corporate Name (**Mandatory**)

**Social Security Number or Federal
Identification Number (**Mandatory**)

By: _____ Date: _____
Corporate Officer
(**Mandatory, if Applicable**)

*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

Your social security number will be furnished to the MA Department of Revenue to determine whether you have met tax filing and tax payment obligations. Providers who fail to correct their non-filing or delinquency status **will not have a contract or other agreement issued, renewed, or extended.